

Exhibit

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VIRGINIA
DEPARTMENT OF CORRECTIONS

Informal Complaint 866_F3_4-17

Informal Complaint

INSTRUCTIONS FOR FILING: Briefly write your issue in the space provided on the Informal Complaint form, preferably in ink. Only one issue per Informal Complaint. Place your complaint in the designated area at your facility. A receipt is issued within 2 working days from the date received if the informal complaint is not returned during intake. If a response is received within 15 calendar days, you may proceed in filing a regular grievance. You may utilize your receipt as evidence of your attempt to resolve your complaint. An Informal Complaint is not required for an alleged incident of sexual abuse.

Uhuru B. Rowe 1131545 5-418T
Offender Name Offender Number Housing Assignment
Sergeant P. Mills 8-7-19 /
Individuals Involved in Incident Date/ Time of Incident

☒ Unit Manager/Supervisor ☐ Food Service ☐ Institutional Program Manager
☐ Personal Property ☐ Commissary ☐ Mailroom
☐ Medical Administrator ☐ Other (Please Specify):

Briefly explain the nature of your complaint (be specific):

Sgt. P. Mills targeted me by writing me an infraction for being asleep on the bottom bunk during count on the above date when in fact I am assigned to the top bunk and was standing during count. When I tried to explain this misidentification to Mills, he ignored me, demonstrating his animosity towards me. This bogus infraction is indicative of his disdain for me and his targeting me for no other reason than to harass me and cause me mental anguish.

Offender Signature Uhuru Rowe Date 8-14-19

Offenders - Do Not Write Below This Line

Date Received: 8-16-19 Tracking # GCC-19-INF-06121
Response Due: 8-31-19 Assigned to: Ms. Spring HUS
Action Taken/Response:

This information has been corrected on the bed log, as the bed log did reflect bottom bunk. Staff have been addressed.

Respondent Signature Printed Name and Title Date
Ms. Spring UM 8/27/19

WITHDRAWAL OF INFORMAL COMPLAINT:

I wish to voluntarily withdraw this Informal Complaint. I understand that by withdrawing this Informal Complaint, I will not receive a response nor will I be able to file any other Informal Complaint or Grievance on this issue.

Offender Signature: Date:
Staff Witness Signature: Date: